

GLOUCESTER COUNTY SURROGATE
HELENE M. REED

Name of Decedent _____

AKA _____

Address of Decedent _____

SS# of Decedent _____ Marital Status _____

Date of Death _____ Date of Birth _____

Date of Will _____ # of pages of Will _____

Date of Codicil _____ # of pages of Codicil _____

Is Will Self Proving yes ____ no ____ If not, please list names and addresses of all witnesses

Please list all beneficiaries and next of kin (Please use the back of paper if needed)

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Age if a minor</u>
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Name of Personal Representative applying (Executor/Administrator)

Address _____

SS # _____ Phone # _____

Name of Trustee _____

Name of Beneficiary _____ Age _____

Estate Attorney _____ Phone # _____

Value of Estate (Assets in decedents name only) _____ Real Estate yes ____ no ____

of Short Certificates _____ Out of state property yes ____ no ____

Is there a developmentally disable child who is a beneficiary of the estate? Yes ____ no ____

This information is the truth to the best of my knowledge

Applicant signature:

Date:
